MISCELLANEOUS CalPERS MEMBERS

REQUESTING RETIREMENT ESTIMATE(S) AND PRINTING OF PAYROLL/PERSONNEL SCREENS

The purpose of this form is to request an estimate of retirement allowances. This estimate will be completed by the City of Long Beach Retirement Counselor. This form is not an application for retirement.

Part I – Employee Information (please print)					
Name		Social Security Number	Dat	/ / te of Birth	
Work Phone	() Home Phone	Department/Bureau/Division			
Part 2 – Estimate Information	n				
Type of Estimate for Retirement Al	llowance:	ice Disability			
Projected Retirement Dates (Please	se put month, day, and year	·)			
1) / / 2) month day year) / / month day year	3) / / / month day	year		
A) Beneficiary's Date of Birth (opti	tional, used to calculate op	tion amounts for pension)			
B) Were you ever a CalPERS retire	ee receiving a pension che	ck?		Yes 🗌 No	
C) Did you work at any time as a C	CalPERS Safety member?			Yes 🗌 No	
D) Were you a CalPERS member p	prior to 07/01/82?			Yes 🗌 No	
E) Have you worked for another a	agency covered by CalPER	S?		Yes 🗌 No	
F) Is there a community property of	claim against your retireme	ent benefits? (If yes, refer to P	art 4A) 🔲	Yes 🗌 No	
G) Have you worked LESS THAN fo	ull time/full pay since 06/30	0/02?		Yes 🗌 No	
H) How do you want the estimate sent? Interoffice-Conf. Mailed to Home Call when ready (ext)					
Part 3 – Survivor Continuanc	e Information				
A) Will you have been married at le	east one year prior to your	tentative retirement date?		Yes 🗌 No	
B) Do you have any unmarried chil	ldren (natural or adopted) v	who are under age 18?		Yes 🗌 No	
C) Do you have any unmarried chil	ldren who were disabled p	rior to age 18 & are still disabl	ed?	Yes 🗌 No	
D) Are either or both of your parent	nts dependent on you for at	least one-half of their suppor	t? 🗌	Yes 🗌 No	
Part 4 – Notes					
A) If there is a community property CalPERS. You may request a "C Counselor at (562) 570-6703 or a www.longbeach.gov/hr.	CalPERS Retirement Allowa	ance Estimate Request" form	from the Cit	ty Retirement	
B) Do you need forms to request a service prior to membership, re-			· · · —	ilitary service, No	

YOU MUST NOW READ AND SIGN THE DISCLAIMER ON THE NEXT PAGE

DISCLAIMER

The retirement estimate program, which will be used by the City's Retirement Counselor to estimate your CalPERS Retirement Allowance, will be based on the information you provide on this form. The City's Retirement Counselor may, if necessary, access information maintained by CalPERS on your benefit formula(s), service credit, or salary history. CalPERS and THE CITY OF LONG BEACH ARE NOT RESPONSIBLE FOR THE ACCURACY OF ANY ESTIMATE PRODUCED BY THIS PROGRAM.

I have read the above disclaimer and understand that any retirement estimate I am given by employee of the City of Long Beach is a rough estimate and its accuracy cannot be guarantee				
Signature	Date	_		
	Forward completed form to:			

Mary Eme, Retirement Counselor Human Resources, <u>13th Floor</u> or Fax (562) 570-5375